

PART B - FEE(S) TRANSMITTAL

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25225 7590 01/10/2008

MORRISON & FOERSTER LLP
 12531 HIGH BLUFF DRIVE
 SUITE 100
 SAN DIEGO, CA 92130-2040

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,734	07/14/2003	Gregory Gregoriadis	0350050307/0308 429022000620	3606

TITLE OF INVENTION: LIPOSOMES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/10/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SCHNIZER, RICHARD A		1635	514-044000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys

or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Morrison & Foerster LLP
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LIPOXEN TECHNOLOGIES LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LONDON, UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies 10

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- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the registered fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1952 (www.uspto.gov/e-pay, or this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Kate H. Murashige/

Date April 3, 2008

Typed or printed name Kate H. Murashige

Registration No. 29,959

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